

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Joseph Scalora, H/C

Petition No. 950718-20-018

CONSENT ORDER

WHEREAS, Joseph Scalora of Cromwell, CT (hereinafter "respondent") has been issued license number 041871 to practice hairdressing and cosmetology by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent's license expired on May 31, 1994, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That from May of 1994 until the present time, he practiced hairdressing and cosmetology at A & D Unisex Hairstylists.
2. That the conduct described in paragraph 1 above fails to conform to the accepted standards of hairdressing and cosmetology in violation of Connecticut General Statutes §20-263, and constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6)(A).

NOW THEREFORE, pursuant to §§19a-17 and 20-263 of the Connecticut General Statutes, as amended, respondent hereby stipulates and agrees as follows:

1. That he waives his right to a hearing on the merits of this matter.

2. That his license to practice hairdressing and cosmetology shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in Chapter 387 of the Connecticut General Statutes, and this Consent Order is executed by all parties.
3. That he shall pay a civil penalty of two hundred dollars (\$200.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable at the time respondent submits the executed Consent Order to the Department.
4. That respondent shall comply with all federal and state statutes and regulations applicable to his license.
5. That respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
6. That respondent shall notify the Department of any change in his home and/or business address within fifteen (15) days of such change.
7. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.
8. That he understands this Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians in which (1) his compliance with this Consent Order is at issue, or (2) his compliance with §20-263 of the Connecticut General Statutes as amended, is at issue.
9. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.

10. That this Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the the Department at any time prior to its being executed by the last signatory.
11. That this Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
12. That he has the right to consult with an attorney prior to signing this document.
13. That this Consent Order is a matter of public record.

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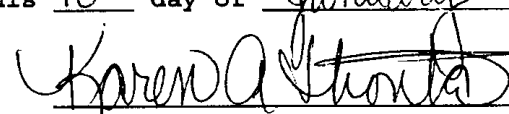
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I, Joseph Scalora, have read the above Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Joseph Scalora

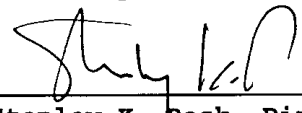
Subscribed and sworn to before me this 10th day of January 1996.



Notary Public or person authorized
by law to administer an oath or
affirmation KAREN A. SHONTA
NOTARY PUBLIC

MY COMMISSION EXPIRES NOV. 30, 1997

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 16th day of January 1996, it hereby ordered and accepted.



Stanley K. Peck, Director
Division of Medical Quality Assurance

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